

01/29/98



3529 U.S. PTO

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	049450-00095	Total Pages	64
	First Named Inventor or Application Identifier			
	Howard M. Kingston			
	Express Mail Label No.	EH907930521US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 54] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 10]</p> <p>4. Oath or Declaration [Total Pages 64]</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below)i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (if applicable)	
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
14. <input checked="" type="checkbox"/> Small Entity Statement filed in prior application.	<input type="checkbox"/> Status still proper and desired
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Other:	

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____/_____

18. CORRESPONDENCE ADDRESS	
<input type="checkbox"/> Customer Number or Bar Code Label	or <input checked="" type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)	

NAME	Arnold B. Silverman, Esquire				
	Eckert Seamans Cherin & Mellott, LLC				
ADDRESS	600 Grant Street, 42nd Floor				
CITY	Pittsburgh	STATE	PA	ZIP CODE	15219
COUNTRY	US	TELEPHONE	412-566-2077	FAX	412-566-6099

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin: 5px 0;">Note: Effective October 1, 1997. Patent fees are subject to annual revision.</p>	<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Howard M. Kingston</td></tr> <tr><td>Group Art Unit</td><td></td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Attorney Docket Number</td><td>049450-00095</td></tr> </table>	Application Number		Filing Date		First Named Inventor	Howard M. Kingston	Group Art Unit		Examiner Name		Attorney Docket Number	049450-00095
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TOTAL AMOUNT OF PAYMENT (\$)	538.00												

<p style="text-align: center; border-bottom: 1px solid black;">METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 02-2556</p> <p>Deposit Account Name </p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center; border-bottom: 1px solid black;">FEE CALCULATION</p> <p>1. FILING FEE</p> <table style="width: 100%; font-size: small;"> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr><td>101 790</td><td>201 395</td><td>Utility filing fee</td><td style="border: 1px solid black; text-align: center;">395</td></tr> <tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr><td>107 540</td><td>207 270</td><td>Plant filing fee</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr><td>108 790</td><td>208 395</td><td>Reissue filing fee</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="border: 1px solid black; text-align: center;">(\$) 395</td> </tr> </table> <p>2. CLAIMS</p> <table style="width: 100%; font-size: small;"> <tr> <td>Total Claims</td> <td>33</td> <td>-20 =</td> <td>13</td> <td>X</td> <td>11</td> <td>=</td> <td>143</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>-3 =</td> <td>-</td> <td>X</td> <td>41</td> <td>=</td> <td>-</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> </table> <table style="width: 100%; font-size: small;"> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr><td>103 22</td><td>203 11</td><td>Claims in excess of 20</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr><td>102 82</td><td>202 41</td><td>Independent claims in excess of 3</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr><td>104 270</td><td>204 135</td><td>Multiple dependent claim</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr><td>109 82</td><td>209 41</td><td>Reissue independent claims over original patent</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr><td>110 22</td><td>210 11</td><td>Reissue claims in excess of 20 and over original patent</td><td style="border: 1px solid black; text-align: center;"></td></tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td style="border: 1px solid black; text-align: center;">(\$) 538</td> </tr> </table>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 790	201 395	Utility filing fee	395	106 330	206 165	Design filing fee		107 540	207 270	Plant filing fee		108 790	208 395	Reissue filing fee		114 150	214 75	Provisional filing fee		SUBTOTAL (1)			(\$) 395	Total Claims	33	-20 =	13	X	11	=	143	Independent Claims	1	-3 =	-	X	41	=	-	Multiple Dependent Claims				X		=		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 22	203 11	Claims in excess of 20		102 82	202 41	Independent claims in excess of 3		104 270	204 135	Multiple dependent claim		109 82	209 41	Reissue independent claims over original patent		110 22	210 11	Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$) 538	<p style="text-align: center; border-bottom: 1px solid black;">FEE CALCULATION (continued)</p> <p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Arnold B. Silverman	Reg. Number	22,614
Signature		Date	1/29/98
		Deposit Account User ID	02-2556

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